

Henry County Health Department

Environmental Health Division, 1201 Race Street, Suite 208
New Castle, Indiana, 47362-4653

[office] 765.521.7056 [fax] 765.521.7057

henrycounty.in.gov



Public Health
Prevent. Promote. Protect.

Retail Food Establishment Plan Review Application

Parcel ID of Establishment _____

Name of Establishment _____

Address of Establishment _____

Name of Owner/Corporation/Engineer/Architect:

Contact Person for Plan Review _____

Address of Owner/Corporation/Engineer/Architect:

Email Address of

Owner/Corporation/Engineer/Architect: _____

Telephone _____ Fax _____

Plan Review is for (check one):

- ☐ New Establishment
- ☐ Conversion of Existing Structure
- ☐ Existing Establishment Remodel/Upgrade
- ☐ Change in Type of Establishment

Required Plan Review Fee (equivalent to the annual fee listed below):

Seasonal (operating \leq 6 months/year)	\$37.50
Less than 20 employees:	\$75.00
20 to 49 employees:	\$100.00
More than 49 employees	\$150.00

I/we attest that the above information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Henry County, Indiana ordinance and laws to include allowing the Henry County Health Department access to the establishment as required. I/we understand that the plan review fee is non-refundable.

Signature _____ Date _____